



501 High St, 2nd floor  
Frankfort, KY 40601

# Kentucky Employees' Health Plan LivingWell Promise Grievance Submission Form

## LivingWell Promise/HumanaVitality Health Assessment Grievances Only

Print clearly. You may attach additional information and any relevant documentation.

Name	<input type="text"/>	Agency/Employer	<input type="text"/>
SSN	<input type="text"/>	Phone Number	<input type="text"/>
Date	<input type="text"/>	Email Address	<input type="text"/>

Please explain in detail the reason for not completing the LivingWell Promise/HumanaVitality Health Assessment by the May deadline below. You may attach additional sheets.

Mail completed form and documentation to KEHP LW Promise Grievance Committee, 501 High Street, 2nd Floor, Frankfort, KY 40601 or fax to 502-564-5278.